Docket Number	B-33345P1/GER

## FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

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## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

MORANO ET AL. Applicant (or identifier): DRINKING VESSEL WITH ADJUSTABLE HANDLES Title: Enclosed are: Specification (Including Claims and Abstract) - 10 pages Drawings - 7 sheets 2. Executed Declaration and Power of Attorney (original or copy) 3. Microfiche Computer Program (appendix) 4. Nucleotide and/or Amino Acid Sequence Submission 5. Computer Readable Copy Paper Copy Statement Verifying Identity of Above Copies **Preliminary Amendment** 6. Assignment Papers (Cover Sheet & Document(s)) 7. **English Translation of** 8. Information Disclosure Statement 9. Certified Copy of Priority Document(s) 10. Return Receipt Postcard 11. Other: Unexecuted Declaration, 12. **Application Data Sheet** Filing fee calculation: Before calculating the filing fee, please enter the enclosed Preliminary Amendment. Before calculating the filing fee, please cancel claims 750 \$ Basic Filing Fee

Multiple Dependent Claim Fee (\$ 280)  Foreign Language Surcharge (\$ 900)								\$	
								\$	
For	Number Filed		Number Extra		Rate				
Total Claims	11	-20	0	×	\$	18	=	\$	
Independent Claims	2	-3	0	x	\$	84	=	\$	
TOTAL FILING FEE									750
	anguage Surchar For Total Claims Independent	For Number Filed  Total Claims 11  Independent 2	anguage Surcharge (\$ 900)  For Number Filed  Total Claims 11 -20  Independent 2 -3	For Number Extra  Total Claims 11 -20 0  Independent 2 -3 0	Total Claims  Independent Claims  Language Surcharge (\$ 900)  Number Filed  For Number Extra  Number Extra  Number Extra  2 -3 0 x	Total Claims  Independent Claims  Language Surcharge (\$ 900)  Number Extra  Number Extra  O x \$  Independent 2 -3 0 x \$	Language Surcharge (\$ 900)           For         Number Filed         Number Extra         Rate           Total Claims         11         -20         0         x         \$ 18           Independent Claims         2         -3         0         x         \$ 84	For   Number   Rate	Sanguage Surcharge (\$ 900)   Sanguage (\$ 900)   Sanguage Surcharge (\$ 900)   Sanguage Surcharge (\$ 900)   Sanguage Surcharge (\$ 900)   Sanguage (\$ 900)   Sangua

\$750. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be



required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

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Respectfully submitted,

Date: Sept. 15,2603

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